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On August 6, 2002

TOWNSEND and TOWNSEND and CREW LLP

By: Paula Faurst Hurley

Attorney Docket No.: 16869S-030000US  
Client Ref. No.: E6098-01 EQ

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In re application of:

Tomomi Haruna, et al.

Application No.: 09/916,395

Filed: July 21, 2001

For: CERTIFICATION METHOD AND  
DEVICE AND CERTIFICATE ISSUER  
SYSTEM

Examiner: Unassigned

Art Unit: Unassigned

PRELIMINARY AMENDMENT

Technology Center 2600

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks.

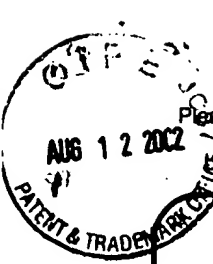
IN THE CLAIMS:

Please add the following new claims:

20. A method for managing the printing of data in a data manager which communicates with a printer terminal, the printer terminal being capable of reading a microchip ID of a microchip in a paper and printing data to the paper, comprising the steps of:

08/14/2002 CCHAU1 00000115 201430 09916395

01 FC:103 648.00 CH  
02 FC:102 756.00 CH



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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2624

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/916,395	
	<b>Filing Date</b>	July 21, 2001	
	<b>First Named Inventor</b>	Haruna, Tomomi	
	<b>Group Art Unit</b>	Unassigned	
	<b>Examiner Name</b>	Unassigned	
<b>Total Number of Pages in This Submission</b>	11	<b>Attorney Docket Number</b>	16869S-030000US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  Return Postcard
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Robert C. Colwell Reg. No. 27,431
<b>Signature</b>	
<b>Date</b>	August 6, 2002

CERTIFICATE OF MAILING	
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<b>Typed or printed name</b>	Paula Faulk Hurley
<b>Signature</b>	
<b>Date</b>	August 6, 2002

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PA 3238986 v1



# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1404

Complete if Known

Application Number 09/916,395  
Filing Date July 21, 2001  
First Named Inventor Haruna, Tomomi  
Examiner Name Unassigned  
Group Art Unit Unassigned  
Attorney Docket No. 16869S-030000US

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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 20-1430 Deposit Account Name Townsend and Townsend and Crew LLP					FEE CALCULATION (continued)					
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					FEE CALCULATION (continued)					
FEE CALCULATION					FEE CALCULATION (continued)					
1. BASIC FILING FEE					3. ADDITIONAL FEES					
Large Entity Small Entity					Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	105	130	205	65	Surcharge - late filing fee or oath	
106	330	206	165	Design filing fee	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
107	510	207	255	Plant filing fee	139	130	139	130	Non-English specification	
108	740	208	370	Reissue filing fee	147	2,520	147	2,520	For filing a request for reexamination	
114	160	214	80	Provisional filing fee	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$)					113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					115	110	215	55	Extension for reply within first month	
Total Claims 56 -20** = 36 X \$18 = \$648					116	400	216	200	Extension for reply within second month	
Independent Claims 16 -7** = 9 X \$84 = \$756					117	920	217	460	Extension for reply within third month	
Multiple Dependent X =					118	1,440	218	720	Extension for reply within fourth month	
Large Entity Small Entity					128	1,960	228	980	Extension for reply within fifth month	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	119	320	219	160	Notice of Appeal	
103	18	203	9	Claims in excess of 20	120	320	220	160	Filing a brief in support of an appeal	
102	84	202	42	Independent claims in excess of 3	121	280	221	140	Request for oral hearing	
104	280	204	140	Multiple dependent claim, if not paid	138	1,510	138	1,510	Petition to institute a public use proceeding	
109	84	209	42	** Reissue independent claims over original patent	140	110	240	55	Petition to revive - unavoidable	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	141	1,280	241	640	Petition to revive - unintentional	
SUBTOTAL (2) (\$1404)					142	1,280	242	640	Utility issue fee (or reissue)	
**or number previously paid, if greater; For Reissues, see above					143	460	243	230	Design issue fee	
					144	620	244	310	Plant issue fee	
					122	130	122	130	Petitions to the Commissioner	
					123	50	123	50	Petitions related to provisional applications	
					126	180	126	180	Submission of Information Disclosure Stmt	
					581	40	581	40	Recording each patent assignment per property (times number of properties)	
					146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
					149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
					179	740	279	370	Request for Continued Examination (RCE)	
					169	900	169	900	Request for expedited examination of a design application	
					Other fee (specify) _____					
					*Reduced by Basic Filing Fee Paid					
					SUBTOTAL (3) (\$)					

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400
Signature				Date	August 6, 2002

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